

JUL 05 2005

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/805,838
		Filing Date	March 22, 2004
		First Named Inventor	MILLER
		Group Art Unit	1645
		Examiner Name	HAQ
Total Number of Pages in This Submission	14	Attorney Docket Number	A1514-DIV

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature	/Greg S. Hollrigel, Reg. # 45374/		
Printed Name	Greg S. Hollrigel		
Date	July 5, 2005	Reg. No.	45,374

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9308, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	/Greg S. Hollrigel, Reg. # 45374/		
Typed or printed name	Greg S. Hollrigel	Date	July 5, 2005

The information contained in this facsimile message is privileged and confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone and return the original message to us at the above address via the U.S. Postal Service.

**RECEIVED
CENTRAL FAX CENTER**

JUL-05-05 09:42AM FROM-StoutUxaBuyanMullins

JUL 05 2005

T-791 P.002/014 F-517

FEE TRANSMITTAL for FY 2005				<i>Complete if Known</i>																																																															
<small>Patent fees are subject to annual revision.</small>				Application Number	10/805,838																																																														
				Filing Date	March 22, 2005																																																														
				First Named Inventor	MILLER																																																														
				Examiner Name	HAQ																																																														
				Art Unit	1645																																																														
				Attorney Docket No.	A1514-DIV																																																														
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27																																																																			
TOTAL AMOUNT OF PAYMENT		(\$)		130.00																																																															
METHOD OF PAYMENT (check all that apply)																																																																			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																																			
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>13-5135</u> Deposit Account Name <u>Greg S. Hollrigel</u>																																																																			
<small>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</small>																																																																			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																																																																			
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input checked="" type="checkbox"/> Credit any overpayments																																																																			
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>																																																																			
FEE CALCULATION																																																																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td align="right" colspan="7">Subtotal (1)</td> <td>0</td> </tr> </tbody> </table>						Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0		Subtotal (1)							0
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																																												
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																																													
Utility	300	150	500	250	200	100																																																													
Design	200	100	100	50	130	65																																																													
Plant	200	100	300	150	160	80																																																													
Reissue	300	150	500	250	600	300																																																													
Provisional	200	100	0	0	0	0																																																													
Subtotal (1)							0																																																												
2. EXCESS CLAIM FEES																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>360</td> <td>180</td> </tr> <tr> <td>Total Claims</td> <td></td> <td></td> </tr> <tr> <td>17 - 20 or HP = 0 x 50</td> <td>0</td> <td>0</td> </tr> <tr> <td>HP = highest number of total claims paid for, if greater than 20</td> <td></td> <td></td> </tr> <tr> <td>Indep. Claims</td> <td></td> <td></td> </tr> <tr> <td>2 - 3 or HP = 0 x 200</td> <td>0</td> <td>0</td> </tr> <tr> <td>HP = highest number of independent claims paid for, if greater than 3</td> <td></td> <td></td> </tr> <tr> <td align="right" colspan="2">Subtotal (2)</td> <td>0</td> </tr> </tbody> </table>						Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	Multiple Dependent Claims	360	180	Total Claims			17 - 20 or HP = 0 x 50	0	0	HP = highest number of total claims paid for, if greater than 20			Indep. Claims			2 - 3 or HP = 0 x 200	0	0	HP = highest number of independent claims paid for, if greater than 3			Subtotal (2)		0																													
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																																	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25																																																																	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100																																																																	
Multiple Dependent Claims	360	180																																																																	
Total Claims																																																																			
17 - 20 or HP = 0 x 50	0	0																																																																	
HP = highest number of total claims paid for, if greater than 20																																																																			
Indep. Claims																																																																			
2 - 3 or HP = 0 x 200	0	0																																																																	
HP = highest number of independent claims paid for, if greater than 3																																																																			
Subtotal (2)		0																																																																	
3. APPLICATION SIZE FEE																																																																			
<small>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).</small>																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>-100 =</td> <td>/50 =</td> <td>(round up to a whole number)</td> <td>x</td> <td>=</td> </tr> <tr> <td align="right" colspan="4">Subtotal (3)</td> <td>0</td> </tr> </tbody> </table>						Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)	-100 =	/50 =	(round up to a whole number)	x	=	Subtotal (3)				0																																															
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)																																																															
-100 =	/50 =	(round up to a whole number)	x	=																																																															
Subtotal (3)				0																																																															
4. OTHER FEE(S)																																																																			
<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount) <input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount) <input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount) <input type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount) <input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount) <input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount) <input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount) <input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount) <input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount) <input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount) <input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount) <input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount) <input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount) <input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount) <input checked="" type="checkbox"/> Other: <u>Terminal Disclaimer</u>																																																																			
Subtotal (4)					130																																																														
SUBMITTED BY																																																																			
Signature	/Greg S. Hollrigel, Reg. # 45374/		Registration No. (Attorney/Agent)	45,374	Telephone 949-450-1750																																																														
Name (Print/Type)	Greg S. Hollrigel			Date	July 5, 2005																																																														

JUL 05 2005

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>				<i>Complete if Known</i>			
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27				Application Number 10/805,838			
				Filing Date March 22, 2005			
				First Named Inventor MILLER			
				Examiner Name HAQ			
				Art Unit 1645			
TOTAL AMOUNT OF PAYMENT (\$) 130.00				Attorney Docket No. A1514-DIV			
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 13-5135 Deposit Account Name Greg S. Hollrigel							
<small>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</small>							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input checked="" type="checkbox"/> Credit any overpayments							
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.</small>							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	180	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
					Subtotal (1)		0
2. EXCESS CLAIM FEES							
<small>Fee Description</small>						Small Entity Fee (\$)	
<small>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent</small>						50	25
<small>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</small>						200	100
<small>Multiple Dependent Claims</small>						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
17	-20 or HP = 0	x 50	0				
<small>HP = highest number of total claims paid for, if greater than 20</small>							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
2	-3 or HP = 0	x 200	0				
<small>HP = highest number of independent claims paid for, if greater than 3</small>							
				Subtotal (2)			0
3. APPLICATION SIZE FEE							
<small>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).</small>							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
-100 = _____	/50 = _____	(round up to a whole number)					
				Subtotal (3)			0
4. OTHER FEE(S)							
<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)							
<input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)							
<input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount)							
<input type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount)							
<input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)							
<input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount)							
<input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount)							
<input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount)							
<input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount)							
<input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)							
<input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount)							
<input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount)							
<input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)							
<input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount)							
<input checked="" type="checkbox"/> Other: <u>Terminal Disclaimer</u>							
				Subtotal (4)			130
SUBMITTED BY							
Signature	/Greg S. Hollrigel, Reg. # 45374/			Registration No. (Attorney/Agent)	45,374	Telephone	949-450-1730
Name (Print/Type)	Greg S. Hollrigel			Date	July 5, 2005		

RECEIVED
CENTRAL FAX CENTER
JUL 05 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/805,838 Confirmation No. 1494
Applicant : Miller et al.
Filed : March 22, 2004
Title : CHEMILUMINESCENT COMPOUNDS AND USE THEREOF

TC/A.U. : 1600/1645
Examiner : HAQ, S.

Docket No. : A1514-DIV
Customer No. : 33197

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this correspondence is being transmitted via facsimile to Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, to fax number 703-872-9306, on the date indicated below.

Date: July 5, 2005

By: /Greg S. Hollrigel, Reg. # 45374/
Greg S. Hollrigel

RESPONSE TO APRIL 4, 2005 OFFICE ACTION

Dear Sir:

This is in response to the April 4, 2005 Office Action issued by the United States Patent and Trademark Office regarding the above-identified application. A response to the Office Action is due July 4, 2005. Because July 4, 2005 was a holiday, this response is being submitted the next succeeding business day (i.e., July 5, 2005). Accordingly, this response is being timely filed. Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.